

Personal Accident Report Form



moris
track day Insurance

Personal Details

Name of insured person:	<input type="text"/>		
Address:	<input type="text"/>		
Contact number:	<input type="text"/>	Date of Birth:	<input type="text"/>
MORIS booking ref:	<input type="text"/>	Marital status:	<input type="text"/>

Incident Details

Accident date:	<input type="text"/>	Circuit / Location:	<input type="text"/>
Championship / Series:	<input type="text"/>	Weather conditions:	<input type="text"/>
Details of the accident:	<input type="text"/>		
Details of injuries:	<input type="text"/>		
Were any other competitors involved in this accident?	<input type="text"/>		

Treatment Details

Name of doctor:	<input type="text"/>	Telephone:	<input type="text"/>
Doctor's address:	<input type="text"/>		
Name of hospital:	<input type="text"/>	Telephone:	<input type="text"/>
Hospital's address:	<input type="text"/>		
Were you confined to a hospital?	<input type="text"/>		
Date admitted:	<input type="text"/>	Date discharged:	<input type="text"/>

Employment Details

Are you in full time employment?	<input type="text"/>	Occupation:	<input type="text"/>
If self-employed please list nature of work:	<input type="text"/>		
Name of employer:	<input type="text"/>	Telephone:	<input type="text"/>
Employer's address:	<input type="text"/>		
On what date did you or do you expect to resume work?	<input type="text"/>		
Regular weekly income:	<input type="text"/>	Income lost per week due to injury:	<input type="text"/>

Details of any other insurance: Please list all other policies carried out by you, your employer, spouse or parent under which you are covered.

Name of insurance company:	<input type="text"/>	Telephone:	<input type="text"/>
Insurance company address:	<input type="text"/>	Policy number:	<input type="text"/>
Name of insurance company:	<input type="text"/>	Telephone:	<input type="text"/>
Insurance company address:	<input type="text"/>	Policy number:	<input type="text"/>

Declaration: I / we declare that the above statements and particulars are true and complete to the best of my / our knowledge and belief and that no material facts have been withheld, misrepresented or misstated.

Name:	<input type="text"/>	Date:	<input type="text"/>
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Please post or email this form back to MORIS
MORIS C/O Indigo Underwriters, 32 Threadneedle Street, London EC2R 8AY info@moris.co.uk